

CSD 1100 [09/26/06]

Name, Address, Telephone No. & I.D. No.

UNITED STATES BANKRUPTCY COURT

SOUTHERN DISTRICT OF CALIFORNIA

325 West "F" Street, San Diego, California 92101-6991

In Re

BANKRUPTCY NO.

Debtor.

AMENDMENT

Presented herewith are the original and one conformed copy of the following [Check one or more boxes as appropriate]:

- ☐ Petition
☐ Exhibit A to Voluntary Petition
☐ Exhibit C to Voluntary Petition
☐ Exhibit D - Individual Statement of Compliance with Credit Counseling
☐ Summary of Schedules
☐ Statistical Summary of Certain Liabilities and Related Data
☐ Schedule A & B - Schedule of Real or Personal Property
☐ Schedule C - Schedule of Property Claimed Exempt
☐ Schedule D, E, or F, and/or Matrix, and/or list of Creditors or Equity Holders - **REQUIRES COMPLIANCE WITH LOCAL RULE 1009**
☐ Adding or deleting creditors (diskette required), changing amounts owed or classification of debt - \$26.00 fee required. See instructions on reverse side.
☐ Correcting or deleting other information. See instructions on reverse side.
☐ Schedule G - Schedule of Executory Contracts & Expired Leases
☐ Schedule H - Schedule of Co-Debtor
☐ Schedule I - Current Income of Individual Debtor(s)
☐ Schedule J - Current Expenditure of Individual Debtor(s)
☐ Statement of Financial Affairs
☐ Statement of Current Monthly Income and Means Test Calculation (Form B22A)
☐ Statement of Current Monthly Income (Form B22B)
☐ Statement of Current Monthly Income and Calculation of Commitment Period and Disposable Income (Form B22C)

Dated:

Signature _____

Attorney for Debtor

DECLARATION OF DEBTOR

I [We] _____ and _____, the undersigned debtor(s), hereby declare under penalty of perjury that the information set forth in the amendment attached hereto, consisting of _____ pages, and on the creditor matrix diskette, if any, is true and correct to the best of my [our] information and belief.

Dated:

Debtor_____
Joint Debtor

INSTRUCTIONS

- A. Each amended page is to be in the same form as the original but is to contain ONLY THE INFORMATION TO BE CHANGED OR ADDED. Pages from the original document which are not affected by the change are not to be attached.
1. Before each entry, specify the purpose of the amendment by inserting:
 - a. "ADDED," if the information was missing from the previous document filed; or
 - b. "CORRECTED," if the information modifies previously listed information; or
 - c. "DELETED," if previously listed information is to be removed.
 2. At the bottom of each page, insert the word "AMENDED."
 3. Attach all pages to the cover page and, *if a Chapter 7, 11, or 12 case*, serve a copy on the United States Trustee, trustee (if any) and/or the members of a creditors' committee. *If a Chapter 13 case*, serve a copy on the trustee; DO NOT serve a copy on the United States Trustee.
- B. Comply with Local Bankruptcy Rule 1009 when adding or correcting the names and/or addresses of creditors (diskette required when Amendment submitted on paper) or if altering the status or amount of a claim.

AMENDMENTS THAT FAIL TO FOLLOW THESE INSTRUCTIONS MAY BE REFUSED

**** AMENDMENTS FILED AFTER THE CASE IS CLOSED ARE NOT ENTITLED TO A REFUND OF FEES ****

CERTIFICATE OF SERVICE

I, the undersigned whose address appears below, certify:

That I am, and at all times hereinafter mentioned was, more than 18 years of age;

That on ____ day of _____, I served a true copy of the within AMENDMENT by [describe here mode of service]

on the following persons [set forth name and address of each person served] and/or as checked below:

[] Chpt. 7 Trustee:

[] For Chpt. 7, 11, & 12 cases:

UNITED STATES TRUSTEE
Department of Justice
402 West Broadway, Suite 600
San Diego, CA 92101

[] For ODD numbered Chapter 13 cases:

THOMAS H. BILLINGSLEA, JR., TRUSTEE
530 "B" Street, Suite. 1500
San Diego, CA 92101

[] For EVEN numbered Chapter 13 cases:

DAVID L. SKELTON, TRUSTEE
525 "B" Street, Suite 1430
San Diego, CA 92101-4507

I certify under penalty of perjury that the foregoing is true and correct.

Executed on _____
(Date)

(Typed Name and Signature)

(Address)

(City, State, ZIP Code)

B6F (Official Form 6F) (12/07)

In re **Michael R Patterson**Case No. **09-10872**

Debtor

AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 100249			2009 Collection Account Notice Only				
MacDowell & Associates 3636 Birch Street, Suite 290 Newport Beach, CA 92660	-		ADDED				0.00
Account No. 343119509-GX			2009 Collection Account for Xerox Corp				
R.M.S. 55 Shuman Road P.O. Box 3099 Naperville, IL 60566-7099	-		ADDED				3,183.27
Account No. 692160419			2009 Business Debt				
Xerox Corporation 88188 Expedite Way Chicago, IL 60695-0001	-		ADDED				0.00
Account No.							
Subtotal (Total of this page)							3,183.27
Total (Report on Summary of Schedules)							3,183.27

0 continuation sheets attached